

January 1951  
Vol. XII, No. 1

# *Bulletin on Current Literature*

The monthly bibliography for  
workers with the handicapped

This bibliography is compiled by the Library of the National Society for Crippled Children and Adults. The Library does not stock copies of publications for sale. The publisher and price is listed, when known, and orders should be sent directly to the publisher. These publications have been added to the loan collection of the Library, a service which is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

*The* NATIONAL SOCIETY  
*for*  
CRIPPLED CHILDREN *and Adults, Inc.*  
11 SO. LA SALLE ST., CHICAGO 3, ILL.  
THE EASTER SEAL AGENCY



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

**EDUCATION** of the public, professional workers and parents.

**RESEARCH** to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

**DIRECT SERVICES** to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

## ACCIDENTS--PREVENTION

## 1. Dietrich, Harry F.

Accidents, childhood's greatest physical threat, are preventable. J. Am. Med. Assn. Dec. 2, 1950. 144:14:1175-1179.

An excellent article in which the literature on childhood accidents is reviewed and a positive program of home accident prevention and safety education is presented. The medical profession is responsible in informing the parents of the methods of replacing protection with ways of educating the growing child of dangerous situations and objects. It is estimated that 50,000 children are permanently injured each year. Parents should be more concerned about the accident problem than wasting time worrying about poliomyelitis and about childhood appetites, bowel movements, pimples and rate of growth.

## AMPUTATION--EQUIPMENT

## 2. Aldes, John H.

Suction socket prosthesis for the above knee amputee. Archives of Physical Medicine. Nov., 1950. 31:11:709-720.

"A suction socket prosthesis can be successfully used in about 75% of the above-knee-amputees if the stump is at least 10 inches in length below the greater trochanter, is well formed and has good muscle tone. The best results with the prosthetic device are obtained with patients between the ages of 21 and 40. The majority of failures with the suction socket are due to poor fitting. Physical rehabilitation of the amputee is a vital step toward the success of the suction socket. The advantages of the suction socket over the conventional prosthesis is that it allows a greater freedom of movement, better control of the leg....The muscles of the stump hypertrophy and increase their physiologic action with the wearing of a well fitting suction socket. Without the whole hearted cooperation of the patient, limb fitter, corrective therapist and orthopedic surgeon in following through with frequent check-ups during the first year of wear, the suction socket can not be a success."

See also 67.

## ARTHRITIS--MEDICAL TREATMENT

## 3. Arthritis and Rheumatism Foundation

Arthritis and the miracle drugs, by Alton L. Blakeslee. New York, Public Affairs Committee, c1950.

32 p., illus. (Public Affairs Pamphlet no. 166)

An explanation for the general reading public of the various types of rheumatism and arthritis and the medical treatment involved. What is needed by way of public support of a national program in arthritis is suggested.

Distributed by Public Affairs Pamphlets, 22 E. 38th St., New York 16, N.Y. at 20¢ each.

See also 34.

## ARTHRITIS--PROGRAMS

## 4. Scheele, Leonard A.

Arthritis as a public health problem. Public Health Reports. Oct. 20, 1950. 65:42:1351-1358.

Arthritis is one of the great cripplers in our nation. The U. S. Public Health Service is granting funds to further research in the study of cortisone and ACTH and other steroids. The goal of the research is "to make the lame



#### ARTHRITIS--PROGRAMS (continued)

walk and the crooked straight." The Service, with its six National Institutes of Health, is cooperating with all agencies interested in arthritis and in research to combat it and allied diseases.

#### BLIND

##### 5. Himes, Joseph S.

Some concepts of blindness in American culture. Social Casework. Dec., 1950. 31:10:410-416.

American culture conceives of the blind as falling into three categories: the pathetic, despondent "blind beggar," the "blind genius" who has surpassed the sighted in his achievements, and a being endowed with great compensating sensory powers, as well as possessing magic abilities. As our culture is constantly changing and can be influenced by changing concepts and experiences, so can our attitudes toward the handicapped be amended. Yet, our present-day attitudes toward the blind tend to force them into the accepted classes described and to require modes of behavior deemed suitable to them by society.

#### BLIND--EQUIPMENT

##### 6. Wichter, Clifford M.

Recent developments in sensory devices for the blind. Outlook for the Blind. Nov., 1950. 44:9:259-262.

Little progress has been made, to date, in the invention and development of equipment to substitute for sight. However, we have gained enough insight into the problems faced in this field by recent research and scientific exploration to hope that time will show the way to develop instruments which can be substituted for sight in traveling and reading.

#### BLIND--ETIOLOGY

##### 7. Missouri. Division of Welfare

Causes of blindness among blind pension recipients in Missouri. Jefferson City, The Div. (1950)

27 p., tables. (Research report no. 4)

A statistical analysis of the incidence of blindness by cause and by geographic areas. "The present publication shows rather dramatically the partial conquest of the infectious diseases, especially trachoma as a cause of blindness in the younger groups. The figures also show that the greatest unsolved problem in the prevention of blindness in Missouri is the early recognition and treatment of glaucoma."

Available from Department of Public Health and Welfare, State Office Bldg., Jefferson City, Missouri.

#### BLIND--PSYCHOLOGICAL TESTS

##### 8. Buell, Charles

Motor performance of visually handicapped children. Outlook for the Blind. Nov., 1950. 44:9:256-258.

"Summary of a doctoral dissertation accepted by the graduate division of the University of California, in June, 1950."

"This study has attempted to measure gross motor performance of blind and partially seeing children by means of a battery of tests, including the 50-yard dash, basketball throw for distance, standing broad jump and Iowa Brace Test...." The visually handicapped fell below the standards of the seeing. The motor performance of the visually handicapped is influenced by "amount of vision, duration of visual handicap, attitude of parents toward their children, physical education received in school and elsewhere."

BLIND--PSYCHOLOGICAL TESTS (continued)

See also 68.

BLIND--SOCIAL SERVICE

9. Anderson, Dorothy K.

The social caseworker's relation to concepts of blindness. Social Casework. Dec., 1950. 31:10:416-420.

"Granting that the three constructs described by Dr. Himes (see article #5 above)--the blind beggar, the blind genius, and the popular superstition that the blind person is compensated by superiority in other senses,...the social caseworker has an important function in counteracting these damaging concepts in three areas: the blind person, the family, and the community." The essential attitudes and knowledge which the caseworker should possess are discussed.

This paper, and that of Dr. Himes, were presented on the program of the American Foundation for the Blind at the 1950 National Conference of Social Work.

BLIND--SPECIAL EDUCATION

10. Clunk, Joseph F.

Adequacy of secondary schools in the preparation of blind youngsters for adult life. Outlook for the Blind. Nov., 1950. 44:9:245-250. Reprint.

Residential secondary schools for the blind too often fail to educate adequately for living in a seeing society. If the student is not taught to compete socially and vocationally with the sighted, his academic education is worthless.

11. Williams, Amos G.

An adventure in student teaching: teaching the blind. Industrial Arts and Vocational Education. Dec., 1950. 39:10:381-383.

A brief account of how a group of student teachers gave intensive instruction in power machines in woodworking to a young blind man, so that now he is self-employed.

BRACES

12. Rudolph, Herman L.

The use of overshoe buckles in braces. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:953.

The author briefly reports the fact that the use of overshoe buckles on lower-extremity braces is much more convenient for the patient than the traditional use of laces or straps and buckles.

See also 69.

BRAIN TUMOR

13. Boldrey, Edwin (and others)

Signs and symptoms of supratentorial brain tumors in childhood, by Edwin Boldrey, Howard C. Naffziger and Lawrence H. Arnstein. J. of Pediatrics. Oct., 1950. 37:4:463-468.

"Brain tumors in childhood are found above the tentorium only slightly less frequently than in the posterior fossa. Generally speaking, these tumors are more slow growing, and have a better prognosis as to life than do those below the tentorium. Their early diagnosis remains a major problem. Headache, vomiting, loss of vision, convulsive seizures, and ataxia are the more common presenting symptoms. The clinical signs which have been found frequently include papilledema, unilateral weakness of the extremities, increase in size or distortion of the head (in children under 5 years of age), nystagmus, and cranial bruit. Intracranial calcification was demonstrated by x-ray in 30 per

#### BRAIN TUMOR (continued)

cent of the patients. The differential diagnoses include epilepsy, cerebral vascular accident, encephalitis, gastrointestinal upset, post-traumatic state, and behavior disturbance."

#### CEREBRAL PALSY--DIAGNOSIS

##### 14. Carpenter, Malcolm B.

Athetosis and the basal ganglia; review of the literature and study of forty-two cases. Archives of Neurology and Psychiatry. June, 1950. 63:6:875-901. Reprint

"A review of the literature disclosed the reports of 42 cases of hemiathetosis, double athetosis and double athetosis with torsion dystonia with adequate clinical descriptions and reports of pathologic changes. Analysis of these cases led to the following conclusions: 1) Athetosis is a pattern of involuntary dyskinesia which can be distinguished from chorea and is characterized by increases and decreases of tone in irregular sequence in antagonistic muscle groups and slow involuntary movements involving chiefly, but not exclusively, the distal appendicular musculature such that vermicular activity results. 2) Hemiathetosis usually develops after hemiparesis or in association with it....3) Hemiathetoid activity may be present....4) Double athetosis usually manifests itself in early infancy, and almost half the cases (46 per cent) a history of trauma at birth is recorded....5) Double athetosis is most frequently a consequence of bilateral status marmoratus....6) Double athetosis may appear as a result of bilateral status dysmyelinistatus of the globus pallidus or of localized destruction in the globus pallidus bilaterally...."

#### CEREBRAL PALSY--ETIOLOGY

See 23.

#### CEREBRAL PALSY--MEDICAL TREATMENT

##### 15. Speker, Louis

Cerebral palsy; treatment and prognosis. Connecticut Health Bul. Nov., 1950. 64:11:320-325.

A brief discussion of the various types of treatment needed for the cerebral palsied child, including physical and occupational therapy, speech correction, braces, surgery, drugs, diet and dental care.

The second of three articles. Reprints of the complete series to be available from the Connecticut State Department of Health, State Office Bldg., 165 Capitol Drive, Hartford 6, Conn.

#### CEREBRAL PALSY--PROGRAMS

##### 16. Linck, Lawrence J.

The care of the cerebral palsied child in the U. S. A. Nervous Child. Oct., 1950. 8:4:519-523.

A descriptive and detailed account of the cerebral palsy program of the National Society, the state affiliates and cooperating fraternities and benevolent organizations. This program includes direct services from the state chapters and services from the national headquarters.

#### CEREBRAL PALSY--PSYCHOLOGICAL TESTS

##### 17. Denhoff, Eric

Needs in the field of psychologic appraisal of children with cerebral palsy. New England J. of Medicine. Oct. 5, 1950. 243:524-527. Reprint.



#### CEREBRAL PALSY--PSYCHOLOGICAL TESTS (continued)

A discussion of the role of psychologic appraisal of the cerebral palsied child as practised at the Meeting Street School, Providence, R. I. "The basic need in the psychologic evaluation of the child with cerebral palsy is the development of simple methods that can indicate the educability and prognosticate the ultimate level of intellectual attainment. A team approach to this need, in that the medical history and examination, formal psychologic tests and observational technics by teachers and parents all have equal status in the analysis of the whole child, is presented."

#### CHILDREN--GROWTH AND DEVELOPMENT

18. Pennsylvania. Woods Schools. Child Research Clinic, Langhorne.

The exceptional child in infancy and early childhood. Langhorne, The Schools, 1950. 48 p.

Proceedings of the annual spring conference, May, 1950.

Contents: Early recognition of developmental handicaps, by Randolph K. Byers.-Some early factors in establishing object relationship, by Margaret E. Fries.-Exceptional children--principles for their guidance, by Ethel B. Waring.-Play as a learning process, by Margaret S. Mahler.-The eating patterns of normal and exceptional children, by Louis M. Smith.-The development of oral language in children, by Harold Westlake.

Available from The Woods Schools, Langhorne, Penn.

#### CLEFT PALATE

19. Lierle, Dean M. (and others)

The management of clefts of the lip and palate, by Dean M. Lierle (and others). J. of Iowa State Med. Society., July, 1950. 17 p. Reprint.

A discussion of the medical, surgical and psychological treatment of children with cleft lip and palate. The necessity of speech correction, and of child and parent education is stressed. "Let us emphasize again that rehabilitation for the child with harelip and cleft palate is a long tedious program and requires the services and cooperation of various branches of medicine, dentistry, speech and psychiatry."

#### CLUB FOOT--ETIOLOGY

20. Bechtol, Charles O.

Club-foot, an embryological study of associated muscle abnormalities, by Charles O. Bechtol and Harlan W. Mossman. J. of Bone and Joint Surgery. Oct., 1950. 32-A:827-838.

A report on the study of two foetus. "The first foetus described probably represents the early stage of arthrogryposis multiplex congenita. There are two apparent causes of deformity in this condition--first, muscle imbalance due to unequal maturity of opposing muscle groups; and, second, retained foetal positions as the result of insufficient total muscle volume. The only deformity represented by the second foetus is club-foot, apparently caused by abnormal skeletal-muscle development. The muscle abnormality consists of degenerating muscle fibers which fail to keep pace with skeletal growth. The relative shortening of these fibers being the apparent cause of the deformity. In neither foetus does the club-foot deformity seem to be a retained early foetal position. The skeletal structures of the foot apparently developed normally until displaced by abnormal muscle forces. The skeletal structures of the club-foot show the early stages of medial displacement of the cuboid upon the calcaneus. It is suggested that the skeletal-muscle factor be investigated. in congenital posterior angulation of the tibia and in congenital dislocation of the hip and acetabular dysplasia."

## CONVALESCENCE--RECREATION

### 21. Lutz, Wally

A little bit of happiness - Kenny style. Recreation. Nov., 1950.

44:6:208-210.

A description of the recreational program at the Sister Elizabeth Kenny Institute in Minneapolis. The recreational director allows the patients to plan and direct their parties and other recreational programs themselves, if it is feasible, because she feels patient participation provides a feeling of belonging.

## DEAF

### 22. U. S. Office of Vocational Rehabilitation

Rehabilitation of the deaf and the hard of hearing; a selection of papers presented at the first institute for special workers for the aural disabled, Washington, D. C., November 28 - December 2, 1949. Washington (Govt. Print. Off.) 1949. 107 p. (Rehabilitation service series no. 117)

Staff development aids no. 8.

This booklet deals with the current and recurrent problems facing counselors working with the deaf and the hard of hearing. It covers such topics as: a definition of the deaf and the hard of hearing, selecting a hearing aid, psychological testing, psychiatric treatment, speech correction, lip reading, auditory training, counseling techniques, and occupational adjustments.

Available from U. S. Office of Vocational Rehabilitation, Washington 25, D. C.

See also SPEECH CORRECTION

## DEAF--ETIOLOGY

### 23. Goodhill, Victor

Nuclear deafness and the nerve deaf child, the importance of the Rh factor. Transactions, Am. Academy of Ophthalmology and Otolaryngology. July-Aug., 1950. p. 671-687. Reprint.

"This presentation is a preliminary analysis of case material which has been selected because of the significant correlation of perceptive deafness, erythroblastotic history and findings suggestive of kernicterus....Conclusions: 1) A clinical association of moderate bilateral perceptive deafness, athetoid cerebral palsy and history of erythroblastosis has been observed. 2) Kernicterus is the cause of the athetosis in the above group. It is probably related to the deafness as well. 3) The incidence of erythroblastosis in a large sampling of perceptively deaf children appears to be significantly higher than would have been expected in the general population. 4) Evidence exists to localize the deafness resulting from erythroblastotic kernicterus in the nuclear masses of the brain and brain stem. 5) The Rh factor thus begins to play a role as a potential cause of some cases of 'infantile' nerve deafness."

## DEAF--PARENT EDUCATION

See 70.

## DEAF--PROGRAMS

### 24. Canfield, Norton

Rehabilitation of the deafened. Eye, Ear, Nose & Throat Monthly. July 1950. 29:381-389. Reprint.

A discussion of the present-day programs to aid the deafened, which grew out of the Army-Navy program of World War II. Advances in audiometric tests, hearing aids and principles of speech correction have brought added hope to the deafened.

DEAF-  
25.

See a

DEAF-  
26.

EMPI  
27.

EMPI  
28.

EPI  
29.



#### DEAF--SPECIAL EDUCATION

25. Herrick, Helen

An auditory training program for nursery schools. Volta Rev. Oct. & Nov., 1950. 52:10 & 11. 2 pts.

A description of an auditory training program for nursery school age children which stresses teaching through the tactile sense and building confidence and interest in the deaf and hard of hearing child. The object is to salvage the hard of hearing child from schools for the deaf where he is likely not to be trained in the art of hearing. Useful games and activities are suggested.

See also 71.

#### DEAF--SURVEYS--ILLINOIS

26. Curry, E. Thayer

Analysis of hearing loss patterns in a rural Illinois school system: I. General considerations. Eye, Ear, Nose & Throat Monthly. July, 1950 29:357-359. Reprint.

"The statistical calculations from the hearing data for this population (identified as rural, central Illinois, tested in the Spring by pure frequency audiometry, and loss defined as a failure to respond to a tone as loud as 30 decibels) have indicated the following conclusions relative to the hearing characteristics of this population: 1) The percent of occurrence of hearing loss for the total sample was 12.8. The percent of occurrence for boys was 15.29 and for girls 10.10. The difference between incidence of hearing loss in boys and girls is highly significant statistically. 2) There was not a statistically significant difference in the percentage of occurrence of hearing loss in the three grades tested in this population. 3) There is noted consistently in the data a tendency for loss more often in the right ear than in the left; this tendency is not statistically significant at a high level of confidence. 4) There was a tendency for monaural loss to occur more often than binaural hearing loss; this tendency is greater for boys than girls."

#### EMPLOYMENT

27. Lampos, C. J.

Let me work and live. Today's Health. Nov., 1950. 28:11:24-26, 64-66.

The story of the problems and frustrations which beset a young polio victim in his efforts to find employment as a journalist. The author's object in writing the article is to ask why, in an otherwise generous and understanding country, does a handicapped person have such a struggle to win the right to earn a living.

#### EMPLOYMENT (INDUSTRIAL)

28. Kumm, Florence M.

Employment of the handicapped in industry. Public Health Nursing. Nov., 1950. 42:11:613-617.

Reviews briefly the various aspects of selective employment practices that should be observed.

#### EPILEPSY--MEDICAL TREATMENT

29. Kaufman, I. Charles

The treatment of seizures. Med. Clinics of North America. Sept., 1950. 34:5:1-14. Reprint.

"The treatment of seizures involves attention to all the needs of the individual patient, but the most effective single treatment is the use of antiepileptic drugs. In idiopathic epilepsy, the oxazolidines, Tridione and Paraldione, are the most effective, whereas in focal seizures, the hydantoins, Dilantin and Mesantoin, are most successful. Frequently a combination of

EPILEPSY--MEDICAL TREATMENT (continued)

drugs is the most efficacious. Since many of the drugs used have untoward side actions, it is frequently necessary to follow the patients very carefully. The patient's social and psychological problems are usually pressing and require additional measures, including environmental manipulation and psychotherapy. The outlook today for the epileptic patient holds great promise."

30. Symonds, Charles

Management of the epileptic. Brit. Med. J. Nov. 4, 1950. 4687:1047-1049.

A brief review of the treatment of epilepsy by drugs, namely, phenobarbitone, sodium phenytoin and tridione, and the effects and results of each of these drugs. The article also deals with the need of a normal, yet regulated life for the patient.

EPILEPSY--SPECIAL EDUCATION

31. Price, Jerry C.

The epileptic child in school. Ohio State Med. J. Aug., 1950. 46:8:794-805. Reprint.

A report of the successful epilepsy program in Ohio, sponsored by the Ohio Society for Crippled Children. Of 50 school-age children studied, 40 are in school, 2 receive home instruction, and 8 are out of school. Of the 40, 28 are in regular classes and 12 in ungraded classes. "The study indicates that seizures are less bothersome than mental retardation, malbehavior and social adjustments to the school authorities....Placement of children in school is found to be largely a result of cooperation of the relatives, teacher and family physician. Clinical criteria are offered with the hope that, by using them, malplacement of epileptic children in school may be minimized."

Distributed in reprint form by the Ohio Society for Crippled Children, 5 W. Broad St., Columbus 15, Ohio.

EPIPHYSEOLYSIS

32. Hark, F. W.

Congenital coxa vara. Am. J. of Surgery. Sept., 1950. 80:3:305-310. Reprint.

"Congenital or infantile coxa vara is a condition of the neck of the femur in which there is retardation of ossification resulting in the typical deformity. This condition gives rise to an uncertain prognosis. Ossification can be encouraged by decreasing the coxa vara by doing an osteotomy. In the event of complete disability because of pseudo-arthritis and non-union as seen in late and neglected cases stability can be re-established with a Whitman reconstruction operation even though the function of the hip joint is impaired."

FOOT

33. Kite, J. H.

Treatment of flat feet in children, by J. H. Kite and W. W. Lovell. J. of Med. Assn. of Georgia. Aug., 1950. 5 p.

"Flat foot deformity in children varies widely in severity. The mildest cases can be corrected by swung-in shoes. The more severe require manipulations by the parents, exercises and instructions in walking and possibly footplates and casts. Much can be accomplished when the treatment is begun early."

#### GOUT

34. Talbot, John H.

Gout. Am. J. of Nursing. Nov., 1950. 50:11:731-734.

"Gout is one of the specific types of arthritis. It is not difficult to diagnose if it is included as a possibility whenever a case of arthritis is considered. Although no cure for the disease has been discovered, physicians and nurses can accomplish a great deal in treating this painful malady."

#### HANDICAPPED--LEGISLATION--ILLINOIS

35. Illinois. Commission for Handicapped Children.

The laws of Illinois relating to handicapped children (with explanatory text). (Chicago) The Commission, 1950. 112 p.

"The laws quoted here are current laws complete with amendments. They include the legislation passed by the Sixty-sixth General Assembly which terminated its session June 30, 1950."

Available from Commission for Handicapped Children, 160 N. La Salle St., Chicago, Illinois.

#### HEART DISEASE

36. Industrial Medicine and Surgery. Nov., 1950. 19:11:503-539.

Entire issue devoted to articles on heart disease in industry.

Contents: Routine electrocardiography in industry, by B. M. Overholt.- Coronary heart disease and the employee, by Arthur J. Geiger.-Acute coronary artery disease, and effort, by Arthur M. Master.-Rheumatic heart disease and employment, by Benedict R. Harris.-Occlusive diseases of the arteries, by Hugh Montgomery.-The treatment of causalgia and allied disorders in employed persons, by Benjamin B. Whitcomb.-Placement of the employee with cardiac and vascular disease in industry, by Crit Pharris.-Psychological considerations in the rehabilitation of the cardiac patient in industry, by Edwin Stainbrook.-Management of the employee with hypertensive cardiovascular disease, by John C. Leonard.

#### HOSPITALS--ILLINOIS

37. Chronic, convalescent and rehabilitation unit in Peoria, Ill. Hospital Progress. Nov., 1950. 31:11:324-327.

The Forest Park Home--St. Francis Hospital Division, Peoria, Illinois, is the first Catholic institution to provide rehabilitation center facilities. The organization and admission policy of the Home is described. The floor plan of the four story building is illustrated.

#### KYPHOSIS--BIOGRAPHY

See 72.

#### MENTAL DEFECTIVES

38. Yannet, Herman

Trainable mental defectives, a comment on prognosis. J. of Pediatrics. Nov., 1950. 37:5:816-818.

Dr. Yannet summarizes the findings of a survey by R.J.R. Kennedy in which he made a comparative study in 1946 of the community adjustment of 256 mentally defective adults and 125 average persons living in a Connecticut industrial city. The mental defectives had been educated and trained in a special class in the city schools. Comparisons showed both groups compared favorably in job and economic status, in work habits, savings and possessions, and community experiences. Such a survey indicates that satisfactory adjustment can be made by the mentally retarded in such a community which is not highly competitive.



#### MENTAL DEFECTIVES--DIAGNOSIS

39. French, Edward L. (and others)

A system for classifying the mentally deficient on the basis of anamnesis, by Edward L. French (and others). Training School Bul. 1950. 47, supplement. 40 p. (Monograph supplement, series no. 2).

"The present study is part of what is intended as a long-range investigation of the relationship between behavioral characteristics and etiology, and follows from previous considerations of the question at the Vineland Laboratory....The purpose of this report, then, is to formulate definite and reliable criteria, based solely upon information in the case histories, by which the mentally deficient can be separated into groups similar to those groups marked off by clinic diagnosis....

"The usefulness of the new classification system for research is indicated by the findings that groups classified by it as familial and non-familial show significant differences in measures from the Heath Rail-Walking Test, the Cassel modification of the Witmer Formboard Test, and the Ellis Designs Test. These differences are in the same directions as differences formally reported on the basis of diagnosis of endogenous and exogenous....Although the system is particularly fitted to the needs of the Vineland Laboratory, it is felt that it may well be of value to other workers in the field who are faced with similar problems."

#### MENTAL DEFECTIVES--SPECIAL EDUCATION

40. Featherstone, W. B.

Teaching the slow learner. New York, Teachers College, Columbia University (c1941). 100 p. (Practical suggestions for teachers, no. 1)

This monograph, covering both theoretic and practical considerations, has been reprinted five times.

Contents: I. The slow learner--who he is and what he is like.- II. How to locate the slow learner.- III. How to organize for teaching the slow learner.- IV. How to guide the activities of slow learners.- V. How to teach the "Fundamental processes."- VI. How to help the slow learner with his personal problems.

Available from Bureau of Publications, Teachers College, Columbia University, 525 W. 120th St., New York 27, N.Y. at 75¢ each.

#### MENTAL HYGIENE--PROGRAMS

See 59.

#### MULTIPLE SCLEROSIS--ETIOLOGY

41. Mackay, Roland P.

The familial occurrence of multiple sclerosis and its implications. Annals of Internal Medicine. Aug., 1950. 33:298-320. Reprint.

By making a comprehensive review of foreign and American medical literature, a total of 84 family groups and 188 persons were found. Five instances are described by the author. 33 references.

"1. The currently available evidence strongly suggests that multiple sclerosis exhibits a familial incidence more frequently than mere chance would determine. 2. On the other hand, multiple sclerosis is too often non-familial for a familial constitutional factor to be its sole cause. The disease is thus, in this regard, not to be compared with Friedreich's ataxia or Huntington's chorea. It may, perhaps, be compared to arterial hypertension or diabetes. 3. The following theory is consistent with our present information: (a) There is a familial, constitutional 'Bereitschaft,' or vulnerability, to multiple sclerosis. This vulnerability, possibly non-essential and non-specific, is

#### MULTIPLE SCLEROSIS--ETIOLOGY (continued)

sub-clinical and, per se, inadequate to produce the disease. (b) There is a second, non-familial, possibly exogenous, cause or group of causes which are competent to evoke the disease, especially when the first, or constitutional factor is already present. 4. Further study of the incidence of familial multiple sclerosis, on a wide scale and with adherence to strict diagnostic criteria, is eminently desirable."

#### MUSCULAR DYSTROPHY--MEDICAL TREATMENT

##### 42. Perlstein, Meyer A.

Testosterone in progressive pseudohypertrophic muscular dystrophy, by Meyer A. Perlstein and Henry Gutterman. J. of Pediatrics. Nov., 1950. 37:5:743-749.

"1) Eleven young male patients with progressive pseudohypertrophic muscular dystrophy received methyl testosterone in amounts sufficient to promote the appearance of secondary sex characteristics. 2) Objective evidence (dynamometer studies and throwing ability) failed to reveal clinical improvement in any case. 3) Subjectively most patients felt better. 4) In two cases an exacerbation of symptoms were recorded, and in one case weakness increased when the therapy was suspended."

#### NERVOUS SYSTEM

##### 43. Kolb, Lawrence C.

The relationship of the demyelinating diseases to allergic encephalomyelitis. Medicine. May, 1950. 29:2:99-121. Reprint.

A discussion of experiments on animals to determine whether demyelination brought about by parenteral injection of brain preparations is an allergic reaction. "This is not an inference that can be drawn easily from pathologic study of the common demyelinating processes in man. Yet, the experimentally induced disorder considered herein may be similar to demyelinating diseases of man."

#### OSTEOMYELITIS

##### 44. Carrell, Brandon

Chronic osteomyelitis, primary closure following saucerization, a preliminary report, by Brandon Carrell and J. W. Woodward. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:928-932.

"Primary closure of the wound following saucerization procedures in chronic osteomyelitis resulted in primary healing in 82 per cent of a series of forty-nine cases. This technique is dependable and has outstanding advantages to both patient and those attending him."

#### PARALYSIS

##### 45. Kabat, Herman

Central mechanisms for the recovery of neuromuscular function. Science. July 7, 1950. 112:2897:23-24. Reprint.

In the case of paralysis of various types, functional recovery may occur despite damage to an essential motor pathway. This return of function is accomplished through a substitute pathway. The therapeutic exercises which can be used to bring about this substitution are: mass movement patterns, reflexes, quick reversal of antagonists, rhythmic stabilization.

#### PARAPLEGIA--MEDICAL TREATMENT

46. Peterson, Leonard T.

Tenotomy in the treatment of spastic paraplegia, with special reference to tenotomy of the iliopsoas. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:875-886.

"A method of treatment, proposed for the correction of severe flexion deformities in spastic paraplegia, consists of multiple selected tenotomies, combined with neurotomies as indicated. Paraplegia with severe flexor spasm presents essentially a combination of hip flexion, hip adduction, and knee flexion. Hip flexion can be relieved by section of the psoas and, in the complete lesions, more easily by complete iliopsoas tenotomy; hip adduction can be relieved by extrapelvic obturator neurotomy; knee flexion can be relieved by hamstring tenotomy, with preservation of the semimembranosus in some cases where the lesion is incomplete. The flexor spasm was relieved in each of the ten cases presented, but severe extensor rigidity later developed in one. Treatment by tenotomy is selective in scope, does not interfere with visceral function, and is safe in the presence of debility or decubitus ulcers. All patients require extensive physical therapy and rehabilitation after operation, and in most cases braces are required. Destructive surgery is indicated only after maximum recovery has occurred and after more conservative measures have failed."

#### PARENT EDUCATION

47. Illinois. Illinois Congress of Parents and Teachers.

Is your child exceptional, different; for parents and groups interested in the exceptional child, comp. by Genevieve Drennen. (Springfield) Supt. of Public Instruction, 1950. 85 p., illus. (Circular series H, no. 12).

"This booklet is intended for parents--all parents, not only those thinking of their child who has a handicap, but for parents of all children....The material included in this booklet has been sent for the past year in leaflet form to every president and exceptional child chairman of a local Illinois Parent-Teacher Association. The leaflets were a serious attempt to study the problem as to what can be done when parents and schools work together for a better understanding of all children."

Distributed by Superintendent of Public Instruction, Springfield, Illinois.

#### POLIOMYELITIS--BIOGRAPHY

See 73.

#### POLIOMYELITIS--MEDICAL TREATMENT

48. Barr, Joseph S.

Poliomyelitic hip deformity and the erector spinae transplant. J. Am. Med. Assn. Nov. 4, 1950. 144:10:813-817.

"1) During the period of growth, soft tissue as well as bony structures must be regularly subject to physiologically normal function or its form will undergo alterations. 2) The prevention of fascial contractures after acute poliomyelitis requires painstaking supervision. 3) Once contractures involving the iliotibial band have become established, they tend to increase throughout the growing period and cannot be overcome by conservative measures. 4) Operative correction of deformities by fasciotomy is subject to a high recurrent rate. 5) The erector spinae transplant combined with suitable release of soft tissue is most useful in the correction of poliomyelitic contractures of the hip with accompanying deformity of the lumbar portion of the spine and the knee and is recommended as the operation of choice in these cases."



POLIOMYELITIS--MEDICAL TREATMENT (continued)

49. Barr, Joseph S. (and others)

Sympathetic ganglionectomy and limb length, in poliomyelitis, by Joseph S. Barr, Allan J. Stinchfield and John A. Reidy. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:793-802.

"Review of the literature and the authors' own analysis suggest that ipsilateral lumbar ganglionectomy has, in some instances, a stimulating effect upon the growth of the shorter extremity of a patient with poliomyelitis....As a rule, limb-length inequality of 2 centimeters or more is clinically significant, and the use of a corrective lift on the shoe is required. Of the twenty-three sympathectomy cases, seventeen had a final inequality of 2 centimeters or more. Eighteen of the control group had a final inequality of 2 centimeters or more. The authors feel that lumbar sympathetic ganglionectomy can be used in the treatment of minor discrepancies in limb length, but is probably best supplemented or supplanted by other methods, if the discrepancy is of any magnitude."

50. Hallock, Halford

Arthrodesis of the hip for instability and pain in poliomyelitis. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:904-909.

"Since February 1929, at the New York Orthopedic Hospital, arthrodesis of the hip has been performed upon thirteen patients for painful paralytic dislocation or severe limp after extensive hip-muscle paralysis....The results in this series have been most gratifying. The arthrodesis has relieved pain, achieved stability, and has reduced the limp far more than would have been possible by shelf stabilization, which in no way could have compensated for that portion of the instability due to the muscle paralysis. Adequate ligamentous stability of the knee is a prerequisite, as increased strain is imposed upon this joint which, in these patients, usually does not possess normal muscle strength...."

POLIOMYELITIS--PSYCHOLOGICAL TESTS

51. Harris, Dale B.

Behavior ratings of post-polio cases. J. of Consulting Psychology. Oct., 1950. 14:5:381-385.

A report of the personality testing of a post-polio group in the Minneapolis public school system. The net result showed that, despite the results of other such tests, there seems to be little personality changes in post-polios. Only simple strength and endurance factors, except for lack of self-discipline, seemed to show any difference in the post-polio and control group.

POLIOMYELITIS--RECREATION

See 21.

READING

See 60.

REHABILITATION

52. Gillette, Harriet E.

Rehabilitation of the crippled child. J. Med. Assn. of Georgia. Aug., 1950. 39:8:332-335. Reprint.

Dr. Gillette, in this paper before the annual session of the Medical Association of Georgia, Macon, April 19, 1950, briefly defines a crippled child, his needs, and the program of care required to assist him to take his proper place in society.

#### REHABILITATION--POLAND

53. Rusk, Howard A.

Medical mission to Poland; an informal report on rehabilitation of the disabled. New York, Polish Research and Information Service, 1950. 15 p.

Dr. Rusk "visited Poland in the Fall of 1949 as a consultant for the United Nations. In Poland, Dr. Rusk observed the work done for the disabled, and his remarks in the following pages on what he saw were made at a reception given in his honor by the Polish Research and Information Service after his return from Europe."

Available from the Polish Research and Information Service, 250 W. 57th St., New York 19, N.Y.

#### REHABILITATION CENTERS

54. Jones, Arthur C.

The community rehabilitation center and the general practitioner. J. Am. Med. Assn. Nov. 18, 1950. 144:12:994-995.

"By making use of the principles of rehabilitation the general practitioner can demonstrate the fact that the handicapped can be converted from tax absorbers into wage-earners. He can prove that the medical profession is truly interested in the social effects of medical care. He can improve the attitude of the public toward medicine by showing that rehabilitation of the disabled citizen is economically sound as well as humanitarian. Last, by prescribing rehabilitation, the physician can show that investment in such physical restoration is investment in the moral upbuilding of the patient. A premium must be placed on willingness to overcome a disability rather than on maintenance of some physical handicap as a ticket to security."

See also 37.

#### RH FACTOR

55. Diamond, Louis K.

Erythroblastosis fetalis: III. Prognosis in relation to clinical and serologic manifestations at birth, by Louis K. Diamond, Victor C. Vaughan and Fred H. Allen. Pediatrics. Oct., 1950. 6:4:630-637.

"Certain clinical manifestations of erythroblastosis fetalis in live born infants have been studied in relation to outcome. The likelihood to recovery is inversely related to the degree of anemia and hepatosplenomegaly present at birth, but kernicterus, which is the chief threat to eventual recovery, bears no relation to these signs. Serologic studies in newborn infants with erythroblastosis fetalis have been generally of little value in establishing a prognosis. Male infants appear to have a more severe illness and a worse prognosis than female infants. Jaundice of the skin and scleras have not been found at the time of birth of any baby with erythroblastosis."

See also 23.

#### RHEUMATIC FEVER--FICTION

See 74.

#### RHEUMATIC FEVER--STATISTICS

56. Saslaw, Milton S. (and others)

The incidence of rheumatic heart disease in native school children of Dade County, Florida, by Milton B. Saslaw, Bernard D. Ross and Max Dobrin. American Heart J. Nov., 1950. 40:5:760-765.

#### RHEUMATIC FEVER--STATISTICS (continued)

"A survey of the incidence of rheumatic heart disease in 1,001 school children born and reared in Dade County, Florida, is described and discussed. The frequency of such disease in these children is shown to be similar to that found in other surveys performed by the same method in areas having a mild subtropical climate and is of a smaller magnitude than that found in more northern localities."

#### SCLEROSIS

##### 57. Lorenz, Thomas H. (and others)

Cardiopathy in Friedreich's ataxia (spinal form of hereditary sclerosis); review of literature and analysis of cases of five siblings, by Thomas H. Lorenz, Chester M. Kurtz, and Herman H. Shapiro. Archives of Internal Medicine. Sept., 1950. 86:412-426. Reprint

"The literature on the cardiac complications of Friedreich's ataxia is reviewed. An analysis is given of the cases of 5 siblings having Friedreich's ataxia, with cardiac findings of remarkable similarity on auscultatory, orthodiascopic and electrocardiographic examination. The significance of the cardiac abnormalities is discussed in regard to the work and opinions of past investigators and as related to the observations on these 5 siblings. It is emphasized that additional attention must be directed toward the cardiopathy so frequently associated with Friedreich's ataxia."

#### SCOLIOSIS

##### 58. Ponseti, Ignacio V.

Changes in the scoliotic spine after fusion, by Ignacio V. Ponseti and Barry Friedman. J. of Bone and Joint Surgery. Oct., 1950. 32-A:4:751-766.

"Of 117 cases of scoliosis treated by spine fusion, the growth of the fused segment of the spine in young patients was absent or minimal except when pseudarthrosis occurred. Pseudarthrosis was related to the mobility of the fused spinal segment and to the extent of the fusion....Spontaneous closure of the pseudarthrosis was often observed when the scoliosis became stabilized. In idiopathic thoracic and thoracolumbar and paralytic thoracolumbar curve patterns, short fusions of the main curve and one vertebra above and below it gave the most satisfactory results. Increase of the scoliosis following spine fusion was seen when the fused area was either too long or too short. In extension fusions, increased scoliosis was associated with pseudarthrosis, bending of the graft, or with the addition of more vertebrae to the curve. Where fusion did not reach the ends of the curve, increase occurred above or below the fused segment."

#### SOCIAL SERVICE--FINANCE

See 75.

#### SOCIAL WELFARE--PLANNING

##### 59. Stevenson, George S.

Dynamic considerations in community functions. Mental Hygiene. Oct., 1950. 34:4:531-546.

A discussion of the need for coordination in the functioning of agencies serving the community. At present friction exists between agencies when their services overlap, to an extent that often actual hostility exists. "I have tried by example and principle to describe some of the forces that may be taken into account in meeting the mental hygiene needs of the community."



## SPECIAL EDUCATION

### 60. Dolch, Edward William

Helping the educationally handicapped. Champaign, Ill., Garrard Pr. (c1950). 47 p.

A reprint of Chapter 12 of the book, "Helping Handicapped Children in School," by Edward Dolch.

Educational handicaps may be caused by 1) childhood sickness, 2) moving of parents, 3) antagonism to school, 4) poor teaching methods and materials, 5) mental slowness. The author deals with problems in reading, spelling, handwriting, language and arithmetic, and gives specific methods by which the difficulties may be overcome. A list of games to help in reading problems is included.

Available from The Garrard Press, Champaign, Ill., at 50¢ each.

See also 76.

## SPEECH CORRECTION

### 61. American Speech and Hearing Association

Speech and hearing problems in the secondary school. Bul., Nat'l Assn. of Secondary-School Principals. Nov., 1950. 34:173:4-139.

"This issue has been prepared by the American Speech and Hearing Association in cooperation with the Speech Association of America. The National Association of Secondary-School Principals hopes that it will serve to give principals and teachers a clearer understanding of the nature and potentialities of a corrective program in speech and hearing and that it will provide a substantial foundation for those who are interested in securing assistance for students who have speech and hearing handicaps."

The articles by individual contributors are arranged under the following parts: I. General orientation to the area of speech and hearing therapy.- II. What the principal can do about speech and hearing handicaps.- III. How the speech and hearing therapist functions in the school system.- IV. Organizations which may be of help to the principal.- V. Reading list.

This issue may be purchased from National Association of Secondary-School Principals, 1201 Sixteenth St., N. W., Washington 6, D. C., at \$1.00 a copy.

## SPEECH CORRECTION--INSTITUTIONS--NORTH DAKOTA

### 62. Gorman, Thomas

North Dakota's clinic on wheels. Today's Health. Nov., 1950. 28:11:22-23, 44.

A description of the speech and hearing program, through the Mobile Speech and Hearing Clinic and Camp Grassick, supported by the North Dakota Chapter of the National Society for Crippled Children and Adults, Inc.

## SPEECH CORRECTION--PROGRAMS--NEW JERSEY

### 63. Gens, George W.

Improving speech facilities in south Jersey schools. Training School Bul. Nov., 1950. 47:7:188-197.

Reprinted from Bul. 33, Assn. of the Children's Clinic, N. J. State Teachers College, at Glassboro.

An urgent appeal for the establishment of a speech clinic for the treating of children and the training of teachers and therapists, and for the employment of therapists in the schools.

## SPEECH CORRECTION--SURVEYS

### 64. New England Speech Association. Committee on Advancement of Speech Education.

A survey of services for the speech and hearing handicapped in New England, in collaboration with the Boston University School of Education. Boston, The Assn., 1950. (95) p. Mimeo.

#### SPEECH CORRECTION--SURVEYS (continued)

After briefly summarizing the literature on state and community programs, this report presents a detailed statistical analysis of speech and hearing programs in the New England States as reported by 630 educational, welfare, and medical institutions of the 3870 solicited. The following are some of the findings: 300 reported remedial speech programs, 199 have diagnostic hearing services, and 161 remedial programs in hearing--the majority existing in public schools.

Speech clinics reported 6887 speech cases of which 61% are receiving remedial training. Of 18,955 cases of hearing disabilities, 21% were referred to an otologist, 13% are receiving speech correction, 11% are receiving speech reading, and 5.2% are receiving both speech correction and speech reading.

There were a total of 17,494 persons with speech handicaps and 33,024 with hearing handicaps reported. Of the total of 87,488 persons tested in speech surveys by 56 institutions, 7.8% had speech handicaps (speech teachers reported 13%). Of 311, 168 given hearing tests, 6.1% were found handicapped (classroom teachers reported 11.8%). Among 12,565 speech handicapped persons analysed, 50% had articulatory disorders, 15.4% were hard of hearing, 10.9% were stutterers, and 6.6% had voice disorders.

Among the professional personnel employed in 117 programs were 237 speech correctionists, and among 76 hearing programs there were 165 speech reading instructors. The work of other professional personnel, as well as the speech and hearing correctionists, is tabulated according to full time, part time and consultative status. Of 220 teachers of speech and hearing in 118 programs, approximately one-third have B.A. degrees, one-third have M.S.'s, and one-fourth have no college degrees. The median number of years' experience is 10 years; 27% have 5 years or less experience. Only one-fourth of the speech and hearing instructors are reported as being members of the American Association of Speech and Hearing.

#### TUBERCULOSIS--MENTAL HYGIENE

65. Sparer, Phineas J.

An approach to the emotional and psychiatric problems of tuberculous patients. Public Aid in Illinois. Oct., 1950. 17:10:12-14, 21.

"In summary, certain shifts of emphases in the approach to the psychiatric problems of tuberculous patients should be listed. These are shifts in emphases: 1) from the bacillus to the human being; 2) from symptoms to total responses and personality; 3) from organic pathology to total dynamics; 4) from the character of the lesion to the character of the patient; 5) from geographic climate to emotional climate including cultural influences; and 6) from rehabilitation to therapeutic reorientation as the basis of rehabilitation, with concentration on total personality rather than only on localized therapy of physical pathology."

#### U. S. CHILDREN'S BUREAU--ADMINISTRATION

66. Goldman, Franz

Payment for physicians' services under crippled children's programs. Pediatrics. Oct., 1950. 6:4:660-669.

A report surveying the various ways payment of physicians and dentists is determined by state services for crippled children. There seems to be no information why these variations exist. "In absence of such information no conclusions can be drawn on the relative merits of the various payment methods employed and especially on the adequacy of the compensation received by the participating physicians and dentists, the effect on the quality of service, and the administrative implications."

#### VOCATIONAL EDUCATION

See 10; 11.

NEW BOOKS

AMPUTATION--MENTAL HYGIENE

67. Fishman, Sidney

Self-concept and adjustment to leg prosthesis. (New York, The Author) 1949. 131 p. Planographed.

Thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, Columbia University.

A critical review of the various types of literature on the psychological effects of amputation and other crippling conditions convinced the writer that a more satisfactory methodology of testing the hypotheses of his study was needed, which were, namely, "1) That an individual's ability to adjust to an artificial limb is related to his self-concept as inferred from his expressed attitudes and certain biographical data concerning himself," and by extension, "2) that it is possible to predict an individual's adjustment to a leg prosthesis on the basis of an analysis of expressed attitudes and other personal data."

A clinical study was made of one amputee. Prediction data were derived from the use of three instruments: Biographical blank, attitude scale and clinical interview; the following criterion measures were utilized: Evaluation of gait, amputation questionnaire, and vocational report. "A controlled system of matching prediction and criterion data by independent judges was utilized. By an analysis of the statements which were correctly and incorrectly matched, it has been possible to evaluate behavioral predictions in terms of their practical validity from the point of view of the types of predictions made."

By focusing attention on a single case the researcher could present generalizations that may be constructed for an entire population, "in contrast to the nomothetic approach where generalizations are made for the single case based on experience with a large sample. From a methodological point of view the study is considered an embryonic effort, involving a relatively novel research approach. The basic principles and rationale of the research have been substantiated and, with future refinements, may be expected to provide extremely fruitful results in the area of clinical research...."

BLIND--PSYCHOLOGICAL TESTS

68. Michigan. University of Michigan.

Psychological diagnosis and counseling of the adult blind; selected papers from the proceedings of the University of Michigan Conference of the Blind, 1947, ed. by Wilma Donahue and Donald Dabelstein. New York, Am. Foundation for the Blind (c1950). 174 p. \$2.00.

Proceedings of a conference cosponsored by the U. S. Office of Vocational Rehabilitation, the Division of Services for the Blind of the Michigan Department of Social Welfare, and the Institute for Human Adjustment of the University of Michigan.

Contents: The conference setting, by Michael J. Shortley.-Somatopsychological aspects of blindness.-Mental hygiene of blindness, by Berthold Lowenfeld.-Community and family problems related to adjustment of the blind, by Gabriel Farrell.-Employer attitudes and the adjustment of the blind, by Joseph F. Clunk.-The adjustment and employment of blind persons of limited employability, by Peter J. Salmon.-Measuring the intelligence of the blind, by Samuel P. Hayes.-Mechanical and manual ability tests for use with the blind, by Mary K. Bauman.-A survey of projective techniques for use with the blind, by Woodrow W. Morris.-A method for using the Minnesota Multiphasic Personality Inventory with the blind, by C. Stanley Potter.-Vocational counseling the adult blind, by Salvatore G. Di Michael.-Needs and developments in psychological research for the blind, by Wilma Donahue.



#### BRACES

69. Glimcher, Melvin J.

Lower limb orthopedic brace research, a preliminary report. Cambridge, Massachusetts Institute of Technology, 1950. 115 p. Planographed.

Thesis submitted in partial fulfillment for the degree of Doctor of Medicine with honors in Orthopedic Surgery, Harvard Medical School, 1950.

"A method for an experimental analysis of the stresses in lower limb braces during static and dynamic conditions has been presented and preliminary results reported....In an effort to improve the mechanical functions of the affected limb in patients wearing lower limb braces investigations have been carried on and are still in progress to delineate the kinetics and kinematics of gait in such a patient. It is hoped that by improving the kinematics of gait, we will provide more normal bone forces and in accordance with Wolff's Law help prevent bony structural deformity from developing, especially in growing children."

#### DEAF--PARENT EDUCATION

70. Myklebust, Helmer R.

Your deaf child, a guide for parents, with a foreword by Hallowell Davis. Springfield, Charles C. Thomas (c1950). 133 p., illus. \$2.50.

"Dr. Myklebust, one of the expert teachers of the deaf in the United States, writes his book for the parents of deaf children. It is for parents who are asking for information and who want to do the best possible for their deaf child."

Contents: I. What deafness means to you.-II. Causes and types of deafness.-III. Your attitudes and what they mean.-IV. The deaf child and his needs.-V. Learning to care for himself.-VI. Learning to communicate.-VII. What to expect from your child.-VIII. Organizations which can help; reading materials; directory of schools.

#### DEAF--SPECIAL EDUCATION

71. Lassman, Grace Harris

Language for the preschool deaf child. New York, Grune & Stratton, 1950. 263 p., illus. \$5.50.

A book for parents, students and for teachers on the guidance of the young deaf child. It stresses the importance of language in the deaf child's world and of the teaching of this language to the child. Emphasis is placed on patience and understanding of the problems of the hard of hearing child and of each individual case. Specific instructions are given. Excellent bibliography.

#### KYPHOSIS--BIOGRAPHY

72. Haecker, Theodor

Kierkegaard, the cripple, trans. by C. Van O. Bruyn, with an introduction by A. Dru. New York, Philosophical Library (1950). 53 p., illus. \$2.75.

"Haecker's authoritative study is the first to take into account the fact that Kierkegaard was a hunchback. On this basis Haecker discusses Kierkegaard's physical and mental constitution and their influence on his thought."

#### POLIOMYELITIS--BIOGRAPHY

73. Walker, Turnley

Rise up and walk. New York, E. P. Dutton & Co., 1950. 95 p. \$1.75.

A shattering experience with polio is beautifully and briefly told by Mr. Walker, a public relations executive with a wife and two children. The transition from wheel chair to crutches and braces is a high point in his story of courage and perseverance.

RHEUMATIC FEVER--FICTION

74. Richter, Conrad

The town. New York, Alfred A. Knopf, 1950. 450 p. \$3.50.

This novel, with The Trees and The Fields, forms a trilogy that relates the story of a pioneer woman and her family from American Revolutionary days to the Civil War. A large part of the book is related through the eyes of her youngest child, a delicate, fearful boy with rheumatic heart disease, who grows to young manhood emotionally and socially maladjusted.

SOCIAL SERVICE--FINANCE

75. Fellows, Margaret M.

How to raise funds by mail, by Margaret M. Fellows and Stella Akulin Koenig. New York, McGraw-Hill Book Co., 1950. 342 p. \$4.00.

Bibliography: p. 337-338.

"Here is a thorough treatment of the tested methods of raising funds for churches, hospitals, colleges and schools, welfare programs, etc., by means of direct mail. This book provides the essential techniques of letter writing, methods of producing letters, building lists, testing, using circulars, etc.--everything to help the professional and volunteer fund raiser to achieve effective fund raising."

SPECIAL EDUCATION

76. Fernald, Grace M.

Remedial techniques in basic school subjects. New York, McGraw-Hill Book Co., 1943. 349 p., illus. \$3.50. Bibliography: p. 331-341.

Dr. Fernald's book is regarded as the standard text on remedial techniques with children suffering from alexia (inability to read). Included in the book also is an account of her methods of treating disability in arithmetic.

# NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

## OFFICERS AND EXECUTIVE COMMITTEE, 1950-51

Gerard M. Ungaro, president  
Chicago, Ill.

Davis E. Geiger, president-elect  
Ashland, Ky.

William H. Jaenicke, past president  
San Francisco, Calif.

Mrs. Jack Carnes, vice-president  
Camden, Ark.

William T. Sanger, Ph.D., vice-president  
Richmond, Va.

Roscoe L. Thomas, vice-president  
Dallas, Texas

J. Raymond Tiffany, treasurer  
Montclair, N.J.

Lawrence J. Linck, secretary  
Chicago, Ill.

Edward F. Bartelt  
Washington, D.C.

A. Pickens Coles  
Tampa, Fla.

Paul Dietrich  
Los Angeles, Calif.

Mrs. Hiram C. Houghton  
Washington, D.C.

Edgar Kobak  
New York, N.Y.

Sumner Sewall  
Bath, Maine

Louise Baker  
Yellow Springs, Ohio

Wesley Gilman  
Philadelphia, Pa.

## TRUSTEES-AT-LARGE

Raymond B. Allen, M.D.  
Seattle, Wash.

Charles W. Armstrong, M.D.  
Salisbury, N.C.

Louise Baker,  
Yellow Springs, Ohio

Edward F. Bartelt  
Washington, D.C.

Thomas H. Barton  
El Dorado, Ark.

James B. Carey  
Washington, D.C.

A. Pickens Coles  
Tampa, Fla.

Gardner Cowles  
Des Moines, Ia.

Paul Dietrich  
Los Angeles, Calif.

Milton S. Eisenhower  
State College, Pa.

Harvey S. Firstone, Jr.  
Akron, Ohio

Joseph Foss  
Sioux Falls, S.D.

Wesley Gilman  
Philadelphia, Pa.

Elmer L. Henderson, M.D.  
Louisville, Ky.

Mrs. Hiram C. Houghton, Jr.  
Washington, D.C.

Mrs. Lee W. Hutton  
Excelsior, Minn.

Ernest E. Irons, M.D.  
Chicago, Ill.

Charles S. Johnson, Ph.D.  
Nashville, Tenn.

Charles F. Kettering  
Detroit, Mich.

Edgar Kobak  
New York, N.Y.

John J. Lee, Ph.D.  
Detroit, Mich.

Orin Lehman  
New York, N.Y.

Harold S. Marcus  
Dallas, Texas

Ralph McGill  
Atlanta, Ga.

Mrs. Peter Miller  
Washington, D.C.

Alton Ochser, M.D.  
New Orleans, La.

Frederick D. Patterson, Ph.D.  
Tuskegee, Ala.

Dorothy Rackemann  
Boston, Mass.

Howard A. Rusk, M.D.  
New York, N.Y.

Harold Russell  
Boston, Mass.

William T. Sanger, Ph.D.  
Richmond, Va.

Roscoe L. Thomas  
Dallas, Texas

Roscoe L. Sensenich, M.D.  
South Bend, Ind.

Gerard M. Ungaro  
Chicago, Ill.

Gen. Jonathan M. Wainwright  
San Antonio, Texas

Howard S. Wilson  
Lincoln, Nebr.

## COUNSELORS AND CONSULTANTS

### Liaison Officers

#### AMERICAN MEDICAL ASSOCIATION

Edward L. Compers, M.D.  
George F. Lull, M.D.  
E. J. McCormick, M.D.

#### AMERICAN ACADEMY OF GENERAL PRACTICE

Carl B. Hall, M.D.  
Mac F. Cahal

#### AMERICAN ACADEMY FOR CEREBRAL PALSY

Earl R. Carlson, M.D.

#### AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Fremont A. Chandler, M.D.

#### AMERICAN ACADEMY OF PEDIATRICS

George F. Munns, M.D.

#### AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

Dean M. Lierle, M.D.

#### AMERICAN CONGRESS OF PHYSICAL MEDICINE

Arthur L. Watkins, M.D.

#### AMERICAN SPEECH AND HEARING ASSOCIATION

Harold Westlake, Ph. D. Margaret Hall, Ph.D.

Bronson F. Crothers, M.D.

Cerebral Palsy

George G. Deaver, M.D.

Cerebral Palsy

John J. Lee, Ph. D.

Special Education

Edgar A. Doll, Ph. D.

Psychology

Leslie B. Hohman, M.D.

Psychiatry

Frank H. Krusen, M.D.

Physical Medicine

Arthur Dunham

Community Organization

Meyer A. Perlstein, M.D.

Cerebral Palsy

Winthrop M. Phelps, M.D.

Cerebral Palsy

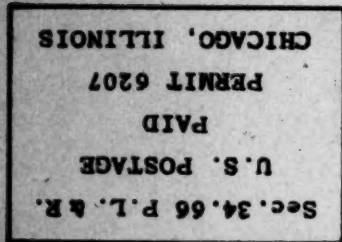
A. R. Shands, M.D.

Hospitals, Institutions

Charles Strother, Ph. D.

Psychology





Return Postage Guaranteed  
THE EASTER SEAL AGENCY  
11 SOUTH LA SALLE STREET  
CHICAGO 3, ILLINOIS  
NATIONAL SOCIETY  
FOR  
CRIPPLED CHILDREN  
and Adults, Inc.



## Subscribe to Bulletin on Current Literature

National Society for Crippled Children and Adults, Inc.  
11 S. La Salle Street  
Chicago 3, Illinois

I am enclosing \$1.00. Please send the Bulletin on Current Literature for one year to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

This bil  
Library  
Cripple  
Library  
lication  
price i  
orders  
publish  
been c  
of the  
tended  
viduals  
limited  
wise u